



Report of Sale or Installation of Tanning Equipment

Bureau of Radiological Health

Vendor Name _____ Registration # 00-_____ Page _____ of _____

Name of person completing this form _____ Telephone # _____

Report is for _____ (month) 20_____ Check if no equipment was sold or installed this month _____

| Facility Name and Address, Contact Person and Telephone Number | Equipment Manufacturer | Model Number | Serial Number | Date Sold/ Installed/ Shipped | New/ Used/ Recertified | Type of Equipment | Commercial or Personal Use | For DHEC Use Only |
|----------------------------------------------------------------------|---------------------------|-----------------|------------------|-------------------------------------|------------------------------|-------------------------|----------------------------------|----------------------|
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Report of Sale or Installation of Tanning Equipment Bureau of Radiological Health

PURPOSE:

The purpose of this form is to report the sale or installation of tanning equipment as required by Regulation 61.106 "Tanning Facilities." This form must be submitted to the Department by the tenth of each month.

EXPLANATION AND DEFINITION

Item by Item Instructions

Indicate the name of your company and assigned DHEC registration number.

Indicate the page number and total pages of the report, such as Page 1 of 3.

Print the name of the person completing the report form and a telephone number where they may be reached.

Indicate the month and year of the report, such as November 1996.

If no equipment was sold or installed for the indicated month, then mark this space.

For each person or facility buying equipment, indicate the facility name (if applicable), address, contact person, and a telephone number.

Indicate the equipment manufacturer, model number and serial number for each unit sold, installed or shipped.

Indicate the date each unit was sold, installed or shipped.

Indicate if each unit reported was a new unit, a used unit or a recertified unit. If the unit has been previously recertified and "upgrade" labels have been shipped, enter "upgrade" in the space.

Indicate the type of equipment reported, such as a bed, booth or high pressure bed.

Indicate if the unit reported was for commercial or personal use.

Do not complete the space indicating "for DHEC use only."

When completed, mail DHEC 0829 to: SC DHEC, Radiological Health, 2600 Bull Street, Columbia, SC 29201 or fax it to (803)545-4412.

OFFICE MECHANICS AND FILING

The form will be stamped in received. If the equipment or facility are not registered, then registration procedures will be initiated and will be noted in the "for DHEC use only" space. If the equipment is registered, or upon completion of the registration process, the original will be permanently filed in the vendor's file.

DHEC 0829 (11/1996)